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Notice of Independent Review Decision

DATE OF REVIEW: 04/29/11

IRO CASE #:

DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE

Ten sessions of a chronic pain management program five times a week for two weeks

A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION

Licensed by the Texas State Board of Psychological Examiners

REVIEW OUTCOME

Upon independent review the reviewer finds that the previous adverse determination/adverse determinations should be:

- Upheld (Agree)
- Overturned (Disagree)
- Partially Overturned (Agree in part/Disagree in part)

Provide a description of the review outcome that clearly states whether or not medical necessity exists for each of the health care services in dispute.

Ten sessions of a chronic pain management program five times a week for two weeks - Upheld

INFORMATION PROVIDED TO THE IRO FOR REVIEW

An MRI of the lumbar spine interpreted by an unknown provider (no name or signature was available) dated 10/06/09
Evaluations with M.D. dated 11/03/10 and 11/08/10
Medication prescriptions from Dr. (no credentials were listed) dated 12/06/10
An evaluation with M.D. on 12/28/10
An evaluation with Dr. dated 01/03/11
DWC-73 forms from Dr. dated 01/03/11 and 02/03/11
A request for five sessions of a chronic pain management program from Ph.D. dated 02/28/11
A vocational assessment note from Dr. dated 02/28/11
A Functional Capacity Evaluation (FCE) with an unknown provider (no name or signature was available) dated 02/28/11
An evaluation with an unknown provider (signature was illegible) dated 03/07/11
Preauthorization requests from Dr. dated 03/11/11 and 04/01/11
A letter of adverse determination for the chronic pain management program, according to the Official Disability Guidelines (ODG), from Ph.D. dated 03/15/11
A request for 10 sessions of a pain management program from Dr. dated 03/30/11
A letter of adverse determination for the pain management program, according to the ODG, from, Ph.D. dated 04/01/11
A reconsideration request letter from Dr. dated 04/14/11
Another letter of denial for the pain management program from R.N. dated 04/21/11
The ODG Guidelines were not provided by the carrier or the URA

PATIENT CLINICAL HISTORY

An MRI of the lumbar spine interpreted by an unknown provider on 10/06/09 showed disc disease versus postsurgical changes at L3-L4 and probable postsurgical fibrosis. At L4-L5, there was mild bilateral facet hypertrophy. On 11/03/10, Dr. felt the patient's findings were out of proportion to his injury and recommended an MMPI test. On 12/28/10, Dr. recommended a lumbar myelogram and CT scan with possible surgery. On 02/28/11, Dr. requested five sessions of a chronic pain management program. An FCE with an unknown provider on 02/28/11 indicated the patient functioned at the sedentary physical demand level. On 03/15/11, Dr. wrote a letter of adverse determination for 10 sessions of a chronic pain management program. On

03/30/11, Dr. again requested 10 sessions of the chronic pain management program. On 04/01/11, Dr. wrote a letter of non-authorization for the chronic pain management program. Dr. wrote a reconsideration request letter for the pain management program on 04/14/11. Ms. wrote a letter of non-authorization for the pain management program on 04/21/11.

ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION.

A physician providing treatment for the patient noted that the physical findings from examining the patient, the injury site, and recovery from injury are "out of proportion" to the reported pain expressed by the patient. A comprehensive psychological examination was performed utilizing several instruments and a clinical interview. The diagnosis of a pain disorder associated with both psychological factors and a general medical condition (DSM IV-TR 307.89) appeared to be primarily based on the use of the Beck Depression Inventory (not specified as to which version of the BDI was employed), and the Beck Anxiety Index. These particular instruments are of limited, and often questionable, validity for determining a diagnosis. An extensive validity review, specifically of the BDI, done by Richter, et.al., (1998) reported that its shortcomings included..." its high item difficulty, lack of representative norms, and thus doubtful objectivity of interpretation, controversial factorial validity, instability of scores over short time intervals (over the course of 1 day), and poor discriminant validity against anxiety." Further, in the DSM IV-TR discussion of pain disorders, acute pain, such as reported by the patient, is most commonly associated with anxiety and the psychological evaluation identified that the patient was experiencing "mild" anxiety. This level of anxiety could, and most likely was, associated with other stressors noted on Axis IV of the reported diagnostic profile.

Additionally, I could not determine if there was any subsequent reexamination or updating of the patient's pain, progress, and psychological condition between the first submitted psychological report and the third submitted psychological report. All three utilized the exact same instruments and had identical score reports. The Beck instruments, according to the test publisher, Psyc Corp (1996), are primarily useful as instruments to measure progress in treatment than for initial, definitive diagnosis of the presence of depression and/or anxiety. There are other Official Disability Guidelines (ODG) endorsed psychological tests that have

greater diagnostic reliability and validity. Therefore, at this time, the requested 10 sessions of a chronic pain management program five times a week for two weeks is neither reasonable nor necessary and the previous adverse determinations should be upheld.

A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:

- ACOEM- AMERICAN COLLEGE OF OCCUPATIONAL & ENVIRONMENTAL MEDICINE AND KNOWLEDGE BASE
- AHCPR- AGENCY FOR HEALTHCARE RESEARCH & QUALITY GUIDELINES
- DWC- DIVISION OF WORKERS COMPENSATION POLICIES OR GUIDELINES
- EUROPEAN GUIDELINES FOR MANAGEMENT OF CHRONIC LOW BACK PAIN
- INTERQUAL CRITERIA
- MEDICAL JUDGEMENT, CLINICAL EXPERIENCE AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS
- MERCY CENTER CONSENSUS CONFERENCE GUIDELINES
- MILLIMAN CARE GUIDELINES
- ODG- OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES
- PRESSLEY REED, THE MEDICAL DISABILITY ADVISOR
- TEXAS GUIDELINES FOR CHIROPRACTIC QUALITY ASSURANCE & PRACTICE PARAMETERS
- TEXAS TACADA GUIDELINES
- TMF SCREENING CRITERIA MANUAL
- PEER REVIEWED NATIONALLY ACCEPTED MEDICAL LITERATURE (PROVIDE A DESCRIPTION)
- OTHER EVIDENCE BASED, SCIENTIFICALLY VALID, OUTCOME FOCUSED GUIDELINES (PROVIDE A DESCRIPTION)